

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005474

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 13-64

STATE FILE NUMBER

VS 300
Rev. 4/59

1 0128

2 0128

3

4 0

5 3

6

7 1

8 0

9 241X

10

11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | |
|---|---|--|------------------------------------|
| 1. PLACE OF DEATH a. COUNTY Butler | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Butler | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff | | c. CITY OR TOWN Poplar Bluff | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 328 N. Riverview | | d. STREET ADDRESS (If outside, give location) 328 N. Riverview | |
| 3. NAME OF DECEASED (Type or print) First JOSEPH Middle YOUNG Last MCPHERSON | | 4. DATE OF DEATH Month February Day 19 Year 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH 5/13/08 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer | | 11. BIRTHPLACE (City and state or country) Newark, Arkansas. | |
| 13a. FATHER'S NAME Joseph McPherson | | 14. NAME OF HUSBAND OR WIFE Divorced. | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes. WW II | | 17. INFORMANT Address 1604 Sidney Mrs. Nolan Taylor, Batesville, Ark | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) presumably of natural causes Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) (a known asthmatic; at VA H.R.P.) DUE TO (c) (Poplar Bluff 1960 and again 1962) | | INTERVAL BETWEEN ONSET AND DEATH unknown | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | |
| 20c. TIME OF INJURY Hour 3:30 s.m. P.M. Month, Day, Year | | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 20f. CITY, TOWN, OR LOCATION COUNTY Butler STATE Missouri | |
| 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____. Death occurred at 3:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Orrest M. Tapp (Degree or title) MD | | 22b. ADDRESS Poplar Bluff, Mo. | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 23b. DATE 2/19/63 | |
| 23c. NAME OF CEMETERY OR CREMATORY Oaklawn | | 23d. LOCATION (City, town, or county) Batesville, Arkansas. | |
| 24. FUNERAL DIRECTOR H. L. CROUCH, Batesville, Arkansas. | | 25. DATE RECD. BY LOCAL REG. 3/3/1963 | |
| 26. REGISTRAR'S SIGNATURE Thelma Graham | | 22c. DATE SIGNED Feb 22, 1963 | |

(Licensed Embalmer's Statement on Reverse Side)

MAR 13 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____ Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Edgar W. Tappan

Licensed Embalmer No.

3394

P. O. Address

Rock Bluff, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.